



Fee Only

By J.W.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Colin M. Kernan
Serial No.: 10/686,498
For: DETACHABLE POWER SUPPLY APPARATUS
Filed: October 15, 2003
Examiner: Alexander Gilman
Art Unit: 2833
Confirmation No.: 3539
Customer No.: 27,623

Attorney Docket No.: 883.0059USU

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In reply to an Office Action dated August 6, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Docket Number

10/686498

CLAIMS AS FILED - PART I

| (Column 1) | | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| (Column 1) | | (Column 2) | (Column 3) |
|--|----------------------------------|------------|------------------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * 20 | Minus | ** 20 = |
| Independent | * 4 | Minus | *** 3 = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| (Column 1) | | (Column 2) | (Column 3) |
|--|----------------------------------|------------|------------------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * Minus | ** | = |
| Independent | * Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| (Column 1) | | (Column 2) | (Column 3) |
|--|----------------------------------|------------|------------------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * Minus | ** | = |
| Independent | * Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|-------------------|-------------------------|
| RATE | Fee |
| BASIC FEE | 395.00 |
| X\$ 9 = | |
| X\$ 18 = | |
| X\$ 44 = | |
| +150 = | |
| TOTAL | |

| SMALL ENTITY | OTHER THAN SMALL ENTITY |
|------------------|-------------------------|
| RATE | ADDITIONAL FEE |
| X\$ 9 = | |
| X\$ 18 = | |
| X\$ 44 = | \$ 88 |
| +150 = | |
| TOTAL ADDIT. FEE | |

| AMENDMENT B | ADDITIONAL FEE |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9 = | |
| X\$ 18 = | |
| X\$ 44 = | |
| +150 = | |
| TOTAL ADDIT. FEE | |

| AMENDMENT C | ADDITIONAL FEE |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9 = | |
| X\$ 18 = | |
| X\$ 44 = | |
| +150 = | |
| TOTAL ADDIT. FEE | |